VENDOR REGISTRATION FORM Wisconsin Asbestos Seminar - Friday, December 11, 2015

COMPANY INFORMATION

Business Name		Business Phone	Business E-mail			
Business Street		City	State Zip Code		Code	
		·				
	CI I D 16			7		
Check Box if: First Name Last Name		Vegetarian or Gluter Professional Title	n Free is needed Phone E-mail Fax			
That Name	Last Ivaille	Troressional Title	Thone	L-man	Tax	
Address Street		City	State Zip Code		Code	
Audress Street		City	State	Zip code		
TYPE OF BOOTH/ DISPLAY:						
Please note, to provide our attendees with the best seminar experience, we require a manned table top/booth						
with a representative available for questions by conference participants throughout the seminar.						
Type of set up:		Equipment/Demonstrations require	e: Space Set Up:			
Table Top Booth		Electrical outlet			_	
☐ Full Booth 8'x10' space		☐ NO electrical outlet	☐ NO chairs needed		eded	
Designation For Death registrations include lunch analyse and admission for an						
Registration Fee - Booth registrations include lunch, snacks and admission for one.						
Additional booth representatives must register as a full seminar attendee.						
\$150.00 per booth/display includes skirted table, electrical outlet, and entrance to presentations for one						
attendee as well as your company name on the seminar vendor recognition board(s) throughout.						
Set up the evening before – loading dock access is provided through the convention hall entrance.						
Additional Exposure Opportunity:						
Donating a prize valued at \$25.00 or more* for the end of day raffle will add your company name to						
the seminar raffle recognition boards as well as being announced during the drawing at the conclusion						
of the conference giving full recognition to the donating company. Winners must be present to win so						
let's show them our appreciation!						
(*Please limit T-shirt/branded donations to 2 per company unless provided as part of a packaged gift set. Be						
sure to provide an approximate value for the prize donated.)						
ITEM:				Approxi	nate Value:	
ITEM:				Approximate Value:		
				Тррголи	The value.	

CHECK must be made out to WI DNR and mailed with this form to: WI DNR c/o Barbara Swenson-AM/7, WI DNR P.O. Box 7921, Madison, WI 53707-7921

Vendors may make their own hotel reservations at a discounted rate by calling the Wilderness Resort (next to Glacier Canyon) at (800) 867-9453 before November 10, 2015 and mentioning the Seminar name or Using Block Number **494676.**